

PUEBLO OF LAGUNA COURT CIVIL COVER SHEET

This document is CONFIDENTIAL, and shall not be disclosed to the public. The purpose of this document is to assist the Court in keeping accurate records and making sure that we notify the correct parties of upcoming Court hearings.

Because you started this legal action, <u>you are called the Petitioner(s)</u>. The person(s) that you are bringing the action against <u>are called the Respondent(s)</u>.

*** Note: To avoid unnecessary delay, it is important all information is filled in accurately or to the best of your knowledge.

PETITIONER:				
Name:	DOB://	_ Social Security #		
Tribal Affiliation:	Enrollment #:	Phone# (_)	
Mailing Address:				
PETITIONER:				
Name:	DOB://	_ Social Security #		
Tribal Affiliation:	Enrollment #:	Phone# (_)	
Mailing Address:				
RESPONDENT:				
Name:	DOB:/_/_	_ Social Security #	-	
Tribal Affiliation:	Enrollment #:	Phone# (_)	
Mailing Address:				
RESPONDENT:				
Name:	DOB://	_ Social Security #		
Tribal Affiliation:	Enrollment #:	Phone# (_)	
Mailing Address:				
Physical Address:				

*** Before you fill out this form PARENT(S) and/or LEGAL GUARDIAN(S) please be advised that you must fill out <u>one</u> petition for each child.

PUEBLO OF LAGUNA IN THE PUEBLO COURT		
	CASE	NO
IN THE MATTER OF A PETITION CHANGE OF NAME FOR A MINO CHILD:		
Minor Chi	ld,	
PETITION FO	OR CHANGE OF NAME OF MINO	OR CHILD
COMES NOW,	(Petitioner: the pe	rson filing this form), and
hereby states the following in suppo	ort of this petition:	
	hild's (<i>under 18yo age</i>) name be cha birth certificate and/or other legal do	
Name on Birth Certificate:	Proposed full name:	Date of Birth:
Petitioner seeks a name change to the seeks	for the minor child for the following	reasons(s):
3. Petitioner understands that the P	etition for Change of Name will be s	ubmitted to the other bio-logical

parent. If both parents do not agree to the name change, the matter will be set for hearing.

WHEREFORE, the Petitioner respectfully requests the Court to issue an Order granting a Change of Name as requested.

Respectfully Submitted,	
Signature of Petitioner	Signature of Other Biological Parent
Print Name	Print Name
Address:	Address:
Phone #:	Phone #:
	()

^{**}Note: To complete this petition with the Laguna Tribal Court you must provide a copy of the minor child's birth certificate and/or any other legal documents.

My commission expires on:

NATURAL MOTHER'S AFFIDAVIT OF CONSENT

IN THE MATTER OF A CHANGE OF NAME FO CHILD:			
Mi	inor Child		
<u>AFFIDAV</u>	TT OF CONSENT FOR C	HANGE OF NAME OF A MINOR CHILD	
		y sworn, state that I am the natural parent of	
		, whose date of birth is:	I
voluntarily consent to m	y child's legal name being c	hanged to:	
		(print full name).	
		Signature of Petitioner	
		Print Name	
	Address:		
		as acknowledged, subscribed and sworn to before, the Petitioner.	ore me this
(SEAL)		Notary Public:	

NATURAL FATHER'S AFFIDAVIT OF CONSENT

day of	_,2	by	, the parent.
(SEAL)			Notary Public:

The foregoing consent of the natural adult parent was acknowledged, subscribed and sworn to before me this

My commission expires on: